



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

KENNETH HAHN HALL OF ADMINISTRATION  
500 WEST TEMPLE STREET, ROOM 437  
LOS ANGELES, CA 90012



**MARK J. SALADINO**

TREASURER AND TAX COLLECTOR

July 05, 2011

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

**ADOPTED**

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

24 JULY 5, 2011

*Sachi A. Hamai*  
SACHI A. HAMAI  
EXECUTIVE OFFICER

**DEPARTMENT OF TREASURER AND TAX COLLECTOR:  
REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT  
(ALL DISTRICTS AFFECTED)  
(3 VOTES)**

**SUBJECT**

Individuals who were injured in a third party compensatory accident received medical care at a County facility. The Treasurer and Tax Collector entered into negotiations with the liable parties and reached a settlement agreement.

**IT IS RECOMMENDED THAT YOUR BOARD:**

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

1. Account Number 11371310 in amount of \$253,897.94
2. Account Number 12317294 in amount of \$15,328.78
3. Account Number 12413472 in amount of \$32,921.33
4. Account Number 12405720 in amount of \$16,667.00

**PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs. The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

**Implementation of Strategic Plan Goals**

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

**FISCAL IMPACT/FINANCING**

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

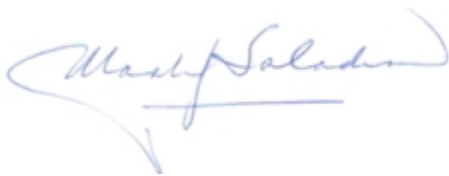
**FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

Not applicable.

**IMPACT ON CURRENT SERVICES (OR PROJECTS)**

No impact.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Mark J. Saladino", with a horizontal line underneath the name.

MARK J. SALADINO

Treasurer and Tax Collector

MJS:FR:efh

Enclosures

c: Chief Executive Officer  
Auditor-Controller  
County Counsel



## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 113A

Amount of Aid	\$397,790.00	Account Number	11371310
Amount Paid	0.00	Name	Adult Male
Balance Due	397,790.00	Service Date	11/28/06 thru 03/04/07
Compromise Amount Offered	253,897.94	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$143,892.06	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was injured on private property. He was treated at Harbor UCLA Medical Center at a cost of \$397,790.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$1,000,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$221,666.00	\$ 221,666.00	22.16%
Attorney Cost	38,143.92	38,143.92	3.80%
Hall Ambulance	2,178.00	1,500.00	0.15%
Antelope Valley Hospital	41,637.98	22,000.00	2.20%
Selvarajah, Sriharon, M.D.	3,040.00	1,840.00	0.18%
Nitin Shah, M.D.	550.00	550.00	0.06%
Antelope Valley Surgical	1,550.00	1,550.00	0.16%
Renaissance Imaging	1,058.00	750.00	0.08%
Antelope Valley Ambulance	2,172.00	1,500.00	0.15%
Sean Aldridge, M.D.	150.00	150.00	0.02%
Spanish Hill Surgery Center	1,040.00	1,040.00	0.10%
Vogue Prosthetics & Orthopedics	25,593.00	25,593.00	2.56%
County of Los Angeles	397,790.00	253,897.94	25.39%
Net to Client	N/A	429,819.14	42.99%
<b>Total</b>	<b>\$736,568.90</b>	<b>\$1,000,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and receives Social Security benefits. He has no other source of income or tangible assets.



## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 113B

Amount of Aid	\$135,404.00	Account Number	12317294
Amount Paid	0.00	Name	Adult Male
Balance Due	135,404.00	Service Date	11/02/09 thru 12/17/09
Compromise Amount Offered	15,328.78	Facility	LAC USC Medical Center
Amount to be Written Off	\$120,075.22	Service Type	Inpatient

### JUSTIFICATION

The client was involved in a bicycle versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$135,404.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$50,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 16,650.00	\$16,650.00	33.30%
Attorney Cost	2,662.00	2,662.00	5.32%
Luis Silva, M.D.	3,550.00	2,500.00	5.00%
Radiology (X-Rays)	129.00	100.00	0.20%
County of Los Angeles	135,404.00	15,328.78	30.66%
Net to Client	N/A	12,759.22	25.52%
<b>Total</b>	<b>\$158,395.00</b>	<b>\$50,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and receives public assistance. He has no other source of income or tangible assets.



## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 113C

Amount of Aid	\$679,587.00	Account Number	12413472
Amount Paid	0.00	Name	Adult Male
Balance Due	679,587.00	Service Date	08/15/10 thru 01/22/11
Compromise Amount Offered	32,921.33	Facility	LAC USC Medical Center
Amount to be Written Off	\$646,665.67	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus truck accident. He was treated at LAC USC Medical Center at a cost of \$679,587.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 32,921.00	\$ 32,921.00	32.92%
Attorney Cost	1,236.00	1,236.00	1.24%
County of Los Angeles	679,587.00	32,921.33	32.92%
Net to Client	N/A	32,921.67	32.92%
<b>Total</b>	<b>\$713,744.00</b>	<b>\$100,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and receives financial assistance from friends and relatives. He has no other source of income or tangible assets.



## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 113D

Amount of Aid	\$223,838.00	Account Number	12405720
Amount Paid	0.00	Name	Adult Female
Balance Due	223,838.00	Service Date	9/26/10 thru 12/6/10
Compromise Amount Offered	16,667.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$207,171.00	Service Type	Inpatient/Outpatient

## JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$223,838.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$50,000.00 and proposes the following disbursement.

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 16,666.00	\$16,666.00	33.33%
Attorney Cost	0.00	0.00	0.00%
County of Los Angeles	223,838.00	16,667.00	33.33%
Net to Client	N/A	16,667.00	33.34%
<b>Total</b>	<b>\$240,504.00</b>	<b>\$50,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and receives financial assistance from friends and relatives. She has no other source of income or tangible assets.